PATENT APPLICATION FEE DETERMINATION RECOR									Application or Docket Number 09/8/2'627					
Effective October 1, 2000								3499-94						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OR	OTHER THAN		
TOTAL CLAIMS			25		•			RAT	E	FEE	[	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE		355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			25 minus 20=		. 2			X\$ 9=			OR	X\$18=	90	
INDEPENDENT CLAIMS			5 minus 3 =		. 2			X40=			OR	X80=	160	
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT						+135=		OR	+270=		
· If	the difference	in column 1 is l	less than zero, enter "0" in column 2					TOTAL			OR	TOTAL	9/10	
CLAIMS AS AMENDED - PART II									-		J - · ·	OTHER		
(Column 1) (Column 2) (Column 3)							<u>)</u>	SMA	LLE	ENTITY	OR	SMALL		
ENT A		CLAIMS REMAINING AFTER AMENDMENT	***	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
IMOP	Total	.28	Minus •	.2	5	= 3		X\$ 9	=		OR	X\$18=	54	
AMENDMENT	Independent		Minus	ح …	5	= 0		X40:	=		OR	X80=		
	FIRST PRESE	NTAPIÓN OF MI	JLTIPLE DEPE	NDEN.	T CLAIM		L	+135	=		OR	+270=		
•								TO	TAL		OR	TOTAL	<b></b>	
	(Column 1) (Column 2) (Column 3)								FEE	L	J~'''	ADDIT. FEE		
NT B	•	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
N N	Total	.28	Minus	·-2	8	= /		X\$ 9	)=	,	OR	X\$18=		
AMENDMENT	Independent.	. 5	Minus	···	5	= /		X40	=	/	OR	X80=/	1	
الـُ	FIRST PRESE	NTATION OF M	ULTIPLE DEPE	NDEN	TCLAIM		ل	+135	 5=	/	OR	+270=		
								10	TAI		OR	YOTAL		
		(Column 1)		(Cal·	ımn 2)	(Column :	3)	ADDIT.	FEE	L	J ~	ADDIT. FEE		
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(* c/X	HIG NUI PREV	IMN 2) HEST MBER IOUSLY D FOR	PRESENT EXTRA	_	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	••		= .		X\$ 9	)=		OR	X\$18=		
ME	Independent	•	Minus			=		X40	 )=		OR	V00		
Ľ	FIRST PRESI	ENTATION OF M	IULTIPLE DEPE	NDEN	IT CLAIN			-			1	070	<del>                                     </del>	
<u> </u>	If the entry in col	umn 1 is less than	the entry in colum	ın 2. wri	ite "0" in co	olumn 3.		+135	5= TAL	ļ	OR	TOTAL		
	If the "Highest No	umber Previously F umber Previously F mber Previously Pa	Paid For IN THIS Paid For IN THIS	SPACE	is less that is less th	an 20, enter " an 3, enter "3	ı. <del>-</del>	ADDIT.	FEE		JOR ox in c	ADDIT, FEE	<u></u>	

FORM PTO-875 (Rev. 8/00) BEST AVAILABLE COPY

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